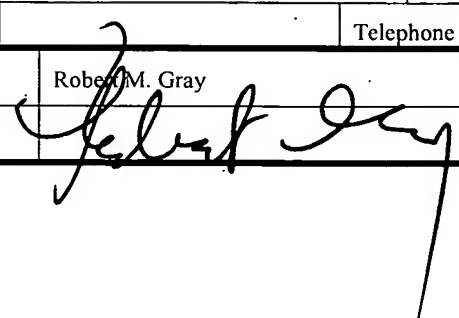


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. 1787-15300	
<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		First Inventor Richard J. Vanderah	
		Title HIGH RESOLUTION PULSE COUNT INTERFACE	
		Express Mail Label No. EV 244558589 US	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Arlington VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 5. Oath and Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>ACCOMPANYING APPLICATION PARTS</b>          9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))          10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of  <i>(when there is an assignee)</i> Attorney          11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>          12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS          Statement (IDS)/PTO-1449 Citations          13. <input type="checkbox"/> Preliminary Amendment          14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i>          15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i>          16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.          122(b)(2)(B)(i). Applicant must attach form          PTO/SB/35 or its equivalent.          17. <input type="checkbox"/> Other:       </div>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: Prior application information: Examiner Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label 23505 or <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	Zip Code
Country	Telephone		Fax
Name (Print/Type) Robert M. Gray		Registration No. (Attorney/Agent) 41,798	
Signature 		Date December 3, 2003	



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# FEE TRANSMITTAL

## For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$ 860.00

## Complete if Known

Application Number	Unknown
Filing Date	Concurrently Herewith
First Named Inventor	Richard J. Vanderah
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	1787-15300

## METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:  
 Deposit Account Number: 03-2769  
 Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  
☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$770.00
1002 340	2002 170	Design filing fee	\$
1003 530	2003 265	Plant filing fee	\$
1004 770	2004 385	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$770.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
25	20** = 5 x	18.00	= \$90.00
Independent Claims	3 3** = 0 x	86.00	= \$ 0.00
Multiple Dependent		290.00	= \$ 00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent Claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$90.00

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Name (Print/Type)

Robert M. Gray

Registration No.  
(Attorney/Agent)

41,798

## Complete (if applicable)

Telephone

(713) 238-8000

Signature

Date

December 3, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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